

Supplemental Educational Services (SES) Complaint Form

Instructions: A complaint may be submitted to the OPI by completing the following information. The form must be submitted to SPieske@mt.gov.

Tame of person filing the complaint Contity person is representing Conductor of person filing complaint Continue of person filing the complaint	Click here to enter text. School or District Click here to enter text.	☐ Provider	☐ Parent/Guardian
address of person filing complaint		☐ Provider	☐ Parent/Guardian
	Click here to enter text		
mail of person filing the complaint	Chek here to enter text.		
I	Click here to enter text.		
	1		
f the concern is occurring at a school ite, please list name of school	Click here to enter text.		
chool District	Click here to enter text.		
chool District Address	Click here to enter text.		
	1		
f the concern is about an SES rovider, list the name of the provider	Click here to enter text.		
rovider Address or Email address	Click here to enter text.		
ovide below the actions, facts, and docuplicable legislation, guidance, policy, or scription of Complaint: ick here to enter text. vide a description of the effort taken to	procedure that has allege	ocal level and the	d.
lude as much detail as possible, includincal Resolution:	ng meeting or communica	tion dates.	
ick here to enter text.			
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Pate Received by the OPI:			
epartment Use Only: Date Received by the OPI: Deceived by:			
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